[DISTRICT NAME] PUBLIC SCHOOLS Reading Worksheet

(For the Identification of a Learning Disability)

This checklist must be completed for <u>all</u> elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading. (<u>All</u> boxes must be checked with appropriate documentation provided.)

	Results		Dates (To/From
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Small Group Instruction by General Education Teacher				
Student has participated in small group reading instruction by classroom teacher (with materials on his/her instructional level) for a minimum of four days per week. * Description:				
Intervention (by another professional knowledgeable in reading instruction	n)			
In addition to above, student has received small group or individual instruction be needs, for a minimum of four days per week, and under the direction of a person instruction, (documentation indicating frequency, duration and type of instruction)	knowledgeable in reading			
If decoding skills are weak, child has been provided with:				
 Explicit small group phonemic awareness instruction Explicit small group or individualized multisensory code-based instruction (part-to-whole) Explicit synthetic phonics instruction (part-to-whole) Explicit analytic phonics instruction (whole- to-part) Small group or individualized literature-based instruction that included Daily fluency practice provided daily in decodable texts, as well as instruction independent reading level Daily opportunities to write, utilizing skills emphasized in lesson 	des semantic and syntactic cues			
If comprehension skills are weak, child has been provided with:				
 ☐ Authentic and interesting texts for instruction ☐ Explicit small group or individualized instruction in active reading a which includes semantic, graphophonic and syntactic cue systems ☐ Vocabulary building ☐ Daily opportunities to write, using higher order thinking skills 	and comprehension strategies,			
(*Numbers 4 and 5 may be combined for middle school and high school studen	nts three to four days/week)			
(Teacher signature)	(Date)			

(Date)

(Signature of person(s) responsible for item #5)